

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/740256 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51	1		
2							52	1		
3							53	1		
4							54	1		
5							55	1		
6							56	1		
7							57	1		
8							58	1		
9							59	1		
10							60	1		
11							61	1		
12							62	1		
13							63	1		
14							64	1		
15							65	1		
16							66	1		
17							67	1		
18							68	1		
19							69	1		
20							70	1		
21							71	1		
22							72	1		
23							73	1		
24							74	1		
25							75	1		
26							76	1		
27							77			
28							78			
29							79			
30							80			
31							81			
32		1					82			
33			1				83			
34			1				84			
35			1				85			
36			1				86			
37			1				87			
38			1				88			
39			1				89			
40			1				90			
41			1				91			
42			1				92			
43			1				93			
44			1				94			
45			1				95			
46			1				96			
47			1	1			97			
48			1	1			98			
49			1	1			99			
50			1	1			100			
TOTAL IND.							TOTAL IND.	4		
TOTAL DEP.							TOTAL DEP.	48		
TOTAL CLAIMS							TOTAL CLAIMS	46		